



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Pharmacy and Prescribing Medical Providers
Participating in the Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 5/31/07

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program Effective July 1, 2007; Implementation of Enhanced Prospective Drug Utilization Review Programs (Dose Optimization and Maximum Quantity Limits); the National Provider Identifier (NPI) Dual Use Extension; and Introduction to the Pharmacy Web-Based Prior Authorization Process

The purpose of this memorandum is to inform you of enhanced prospective drug utilization review programs and the National Provider Identifier (NPI) dual use extension. In addition, the memorandum includes information on the modifications to Virginia Medicaid's Preferred Drug List (PDL) and related changes to its criteria for prior authorization as well as the new web-based prior authorization process for pharmacy claims.

PREFERRED DRUG LIST UPDATES – EFFECTIVE JULY 1, 2007

The PDL program aims to provide clinically effective and safe drugs to Virginia Medicaid clients in a cost-effective manner. The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring prior authorization (PA). In the designated classes, drug products classified as non-preferred will be subject to PA. Other clinical criteria may also apply for each respective drug class. There are provisions for a 72-hour supply of necessary medications so that this initiative will not cause an individual to be without an appropriate and necessary drug therapy. Your continued compliance and support of this program is critical to its success.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization or to FAMIS enrollees.

There are 28 therapeutic drug classes in Phase II of the PDL. These are typically reviewed in the spring and their preferred drug status is revised on July 1st of each year. The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase II drug classes and some changes were made to the prior authorization criteria for these classes.

The therapeutic classes included in the annual review of PDL Phase II were:

Second Generation Sulfonylureas	Macrolides - Adult and Pediatric
Alpha-Glucosidase Inhibitors	Oral Antifungals for Onychomycosis
Biguanides	Herpes
Biguanide Combination Products	Influenza
Meglitinides	Alpha-2 Adrenergic - Ophthalmic
Thiazolidinediones	Beta-blockers - Ophthalmic
Leukotriene Modifiers	Carbonic Anhydrase Inhibitors-Ophthalmic
Non-Steroidal Anti-Inflammatory Drugs (NSAID)	Prostaglandin Inhibitors - Ophthalmic
Long Acting Narcotics	Anti-Inflammatory
Antihyperkinesis/CNS Stimulants	Quinolones
Bisphosphonates	Antihistamines
Second Generation Cephalosporins	Mast Cell Stabilizers
Third Generation Cephalosporins	Serotonin Receptor Agonists (Triptans)
Second Generation Quinolones Systemic	Third Generation Quinolones – Systemic

The P&T Committee also recently evaluated new drugs within two PDL Phase I drug classes (Beta Blockers and Urinary Tract Antispasmodics). Based on this review of Phase II drug classes and the new drugs in Phase I, the additions and changes to the PDL, effective July 1, 2007, are as follows:

ADDITIONS TO PREFERRED STATUS

Oxybutynin Chloride ER (Urinary Tract Antispasmodics)

Zaditor OTC, Alaway OTC, and Pataday (Ophthalmic Antihistamines)

Cefprozil Suspension and Tablets (Second Generation Cephalosporins)

ADDITIONS TO NON-PREFERRED STATUS

Coreg CR, Metoprolol Succinate (Beta Blockers)

Biaxin Suspension, Biaxin Tablet, Biaxin XL, Zithromax Packet, Zithromax Suspension And Zithromax Tablet (Macrolides)

Cefzil Suspension and Tablets (Second Generation Cephalosporins)

Zaditor RX (Ophthalmic Antihistamines)

Ciprofloxacin XR (Systemic Quinolones)

Glutmetza (Biguanide Combination Products)

Flector Patch, Mefenamic (NSAID)

The revised PDL Quicklist reflecting all changes is attached and will be effective on July 1, 2007. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). **If the drug requested for these select therapeutic classes is not on the list, a PA is required.**

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments regarding this program may be emailed to the P&T Committee at pdlinput@dmas.virginia.gov.

ENHANCED ProDUR PROGRAMS

Virginia Medicaid is implementing expanded prospective drug utilization review (ProDUR) programs for dose optimization and maximum quantity limits. The ProDUR Program involves a review of the prescription medication order and the patient's drug therapy history prior to a prescription order being filled. ProDUR is used by DMAS to help ensure the health and safety of the patient. The enhanced programs consist of ensuring that the recipient has a 34-day supply of a medication with reasonable dispensing quantities. The current retrospective DUR program includes similar reviews of excessive quantities. The initiatives will be implemented using point of sale edits effective July 1, 2007.

The dose optimization program will identify high cost products where all strengths have the same unit cost and the standard dose is one tablet per day. By providing the highest strength daily dose, the number of units in a 34-day supply will be minimized. This program will not require "pill splitting" due to the potential medical risks and burden on recipients and pharmacy providers.

Establishing maximum quantity limits involves identifying high cost products where a 34-day supply is defined by a set number of tablets. This strategy establishes quantity limits based on commonly acceptable clinical dosing practices.

Edits for both programs will be a message only (soft edit) to the pharmacy provider rather than a claim denial (hard edit). This will enable the pharmacist to consider the best available option and make a decision based on professional judgment or at the request of the physician. The First Health Clinical Call Center can be reached at 1-800-932-6648 to answer your questions regarding these and other ProDUR edits.

DMAS NPI/API Dual Use Extension

Upon review of the CMS NPI Guidance (www.cms.hhs.gov/NationalProvIdentStand), and based on the readiness and needs of the Virginia Medicaid provider community, DMAS has decided to continue Virginia's NPI/API Dual Use Period beyond May 23, 2007. DMAS is currently reviewing contingency plans and will issue another Medicaid Memo well in advance of the mandatory NPI compliance date.

Providers should continue to prepare for transition use of the NPI/API and full NPI Compliance. Pharmacy providers should immediately begin to use their NPI number on all pharmacy claims. If the prescriber's NPI number is unavailable, the legacy Medicaid identification number on the claims may be used throughout the dual use period.

We strongly encourage healthcare providers who have not yet shared their NPI with DMAS and other payers to do so immediately, and to begin sending claims with their NPI/API as soon as possible in order to work through any billing and payment issues prior to the end of the Dual Use extension.

NEW WEB-BASED PHARMACY PRIOR AUTHORIZATION PROCESS

On July 1, 2007, a new web-based process ("Web PA") will be available for pharmacy prior authorization processing. The Web PA provides an alternative method for submission of prior authorization requests for prescription drugs. This is supplemental to the traditional means of phoning or faxing requests, which are still available. Some of the advantages of the Web PA process are: PA can be created online with real-time authorization in many cases; the user may check the status of the request and view the decision at their convenience; and the user may print a complete copy of the request and the decision for the patient's record.

The Web PA process and all information exchanged are secured. To utilize this service you must register for the new User Administration Console (see *Medicaid Memo* dated January 19, 2007: http://www.dmas.virginia.gov/downloads/pdfs/mm-AutoResponseSystem%20ARS_Memo_1_19_07.pdf), have internet access, and obtain a valid First Health Service secured ID and password. See enclosed documents entitled "New User Registration Quick Start" and "Pharmacy Web PA" for more details. The full Web PA User Guide is also available at the following web link: <https://webpa.fhsc.com/webpa> (select "HELP"). You may contact the First Health Services Web Support Call Center at (800) 241-8726 with questions or issues with the Web PA.

Virginia Medicaid will be offering two live WebEx training sessions on the Web PA process. WebEx provides live online training sessions to assist DMAS' business partners in understanding more about its programs and services. The WebEx sessions for the Web Based Prior Authorization Process (Pharmacy Only) are scheduled for June 13th and June 28th, both from 1:30 p.m. to 2:30 p.m. If you cannot attend either of these sessions, a recorded session will also be posted on the WebEx site. To attend these WebEx sessions, please visit http://www.dmas.virginia.gov/ln-upcoming_events.htm (Learning Network – Upcoming Training Events) on the DMAS web site. Here you will find instructions to register for a live session and to view the recorded session. You will receive an email invitation to confirm your registration and provide further instructions.

You may also go to <https://dmas.webex.com> and from the "Training Center" tab, select the "Upcoming" Tab, then select the Web Based Prior Authorization Process (Pharmacy Only) topic, click registration, and follow the prompts as directed.

PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient's prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter; faxing to 1-800-932-6651; contacting the First Health Services Clinical Call Center at 1-800-932-6648

(available 24 hours a day, seven days a week); or by using the aforementioned web-based prior authorization process (Web PA). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services Corporation
ATTN: MAP Department/ VA Medicaid
4300 Cox Road
Glen Allen, Virginia 23060

A copy of the PA form is available online at http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY PROCESSING POLICY

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

PREFERRED DRUG LIST (PDL) – 72-HOUR-SUPPLY DISPENSING FEE PROCESS

Pharmacy providers are entitled to an additional \$4.00 dispensing fee (brand name and generic drugs) when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

Any questions regarding the PDL dispensing process can be referred to FHSC at 1-800-932-6648 (available 24 hours a day, seven days a week).

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm), there is a link, which enables providers to

download the PDL Quicklist to their PDAs. This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit the ePocrates® website.

To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your PDA to install the "Virginia Medicaid-PDL" to your PDA.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-provider_newletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memoranda, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (7)

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective July 1, 2007



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

ANALGESICS

NON-STEROIDAL ANTI- INFLAMMATORY DRUGS

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Etodolac SR
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen SR
Ketorolac
Meclofenamate Sodium
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium
COX II INHIBITORS**
Celebrex®**

LONG-ACTING

NARCOTICS *

Avinza® *
Duragesic® (Brand Only) *
Morphine Sulfate tablets SA® *
Oramorph SR®*

ANTIBIOTICS – ANTIINFECTIVES

ORAL ANTIFUNGALS – ONYCHOMYCOSIS

Lamisil®

CEPHALOSPORINS – 2ND & 3RD GENERATION

Cefaclor Capsule
Cefaclor ER
Cefaclor Suspension
Ceftin Suspension®
Cefuroxime
Cefprozil tablet
Cefprozil Suspension
Lorabid Capsule®
Lorabid Suspension®
Raniclор®
Cedax Capsule®
Cedax® Suspension
Omnicef Capsules®
Omnicef Suspension®
Spectracef®

MACROLIDES

Azithromycin Tablet
Azithromycin Packet
Azithromycin Suspension
Clarithromycin Tablet
Clarithromycin ER
Clarithromycin Suspension
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole

QUINOLONES – 2ND & 3RD GENERATION

Avelox®
Avelox ABC Pack®
Ciprofloxacin tablet
Ciprofloxacin suspension
Ofloxacin

ANTIVIRALS

HERPES

Acyclovir Tablets
Acyclovir Suspension
Famvir®
Valtrex®

INFLUENZA

Amantadine
Amantadine Syrup
Relenza Disk®
Rimantadine
Tamiflu®
Tamiflu Suspension®

ASTHMA –ALLERGY

ANTI HISTAMINES – 2ND GENERATION

Claritin Tablets OTC®
Claritin Tablets- Rapids OTC®
Claritin Syrup OTC®
Claritin-D 12 hr OTC®
Claritin-D 24hr OTC®
Loratadine tablet (All OTCs)
Loratadine Tab- Rapids (All OTCs)
Loratadine Syrup (All OTCs)
Loratadine D12hr (All OTCs)

Loratadine D24hr (All OTC names)
Zyrtec® Syrup (PA required except for children under
age 2)

BETA ADRENERGICS- SHORT ACTING

Albuterol
Alupent® MDI
Maxair Autohaler®
Proventil® HFA
Ventolin® HFA
Xopenex HFA®

BETA ADRENERGICS – LONG ACTING

Foradil®
Serevent Diskus®

BETA ADRENERGICS FOR NEBULIZERS

Accuneb®
Albuterol sulfate
Metaproterenol
Xopenex®

BETA ADRENERGIC/ CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus®
Advair HFA®

COPD ANTICHOLINERGICS

Atrovent AER W/ADAP
Atrovent HFA®
Combivent MDI®
Duoneb®
Spiriva®

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Fax: 1-800-932-6651

INHALED CORTICOSTEROIDS

AeroBid[®]
AeroBid M[®]
Asmanex[®]
Azmacort[®]
Flovent HFA[®]
Pulmicort Respules[®]
QVAR[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

Flonase[®]
Flunisolide
Nasacort AQ[®]
Nasonex[®]

CARDIAC MEDICATIONS

ACE INHIBITORS

Benazepril HCL
Benazepril HCL /HCTZ
Captopril
Captopril /HCTZ
Enalapril
Enalapril /HCTZ
Lisinopril
Lisinopril/HCTZ

ACE INHIBITORS/

CALCIUM CHANNEL BLOCKERS

Lotrel[®]

ANGIOTENSIN RECEPTOR

ANTAGONISTS

Diovan[®]
Diovan HCT[®]
Cozaar[®]
Hyzaar[®]

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol /HCTZ
Coreg[®]
Labetalol HCL
Metoprolol tartrate
Metoprolol/HCTZ
Nadolol
Pindolol
Propranolol
Propranolol Solution
Propranolol/HCTZ
Sorine[®]
Sotalol
Sotalol AF
Timolol maleate

CALCIUM CHANNEL

BLOCKERS -

DIHYDROPYRIDINE

Afeditab CR[®]
Dynacirc[®] CR
Felodipine ER
Nicardipine
Nifediac CC[®]
Nifedical XL[®]
Nifedipine
Nifedipine ER

Nifedipine SA

Norvasc[®]
Plendil[®]
Sular[®]

CALCIUM CHANNEL

BLOCKERS-

NON-DIHYDROPYRIDINE

Cartia XT[®]
Diltia XT[®]
Diltiazem ER
Diltiazem HCL
Diltiazem XR
Taztia XT[®]
Verapamil
Verapamil SA
Verapamil 24hr pellets

LIPOTROPICS: STATINS

Advicor[®]
Altoprev[®]
Lescol[®]
Lescol XL[®]
Lovastatin[®]
Pravachol[®]
Simvastatin

LIPOTROPICS: CAI

Zetia[®]

LIPOTROPICS: FIBRIC ACID

Antara[®]
Gemfibrozil[®]

LIPOTROPICS: NIACIN

DERIVATIVES

Niaspan[®]
Niacor[®]

PDE-5 INHIBITORS - PULMONARY

HYPERTENSION**

Revatio[®]**

CENTRAL NERVOUS SYSTEM

STIMULANTS/ADHD MEDICATIONS

Adderall XR[®]
Amphetamine Salt Combo
Concerta[®]
Dextroamphetamine Tablet
Dextroamphetamine Capsule
Dextroamphetamine Solution
Dextrostat[®]
Focalin[®]
Focalin XR[®]
Metadate CD[®]
Metadate ER[®]
Methylin Tablet[®]
Methylin Chew[®]
Methylin ER[®]
Methylin Solution[®]
Methylphenidate
Ritalin LA[®]
Strattera[®]

SEDATIVE HYPNOTIC

Chloral Hydrate
Estazolam
Flurazepam
Restoril[®] 7.5 mg (until generic available)
Temazepam
Triazolam

OTHER SEDATIVE HYPNOTIC*

Rozerem[®] *

[®] = Registered Trade name

* A step edit is required for this class

**Clinical Prior Authorization required

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First Health Clinical Call Center

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Fax: 1-800-932-6651

DIABETES

ORAL HYPOGLYCEMICS

ALPHAGLUCOSIDASE INH.

Glyset[®]

Precose[®]

ORAL HYPOGLYCEMICS

BIGUANIDES

Metformin

Metformin ER

ORAL HYPOGLYCEMICS

-BIGUANIDE COMBINATIONS

Actoplus Met[®]

Avandamet[®]

Glyburide–Metformin

Glipizide–Metformin

ORAL HYPOGLYCEMICS –

MEGLITINIDES

Starlix[®]

ORAL HYPOGLYCEMICS 2ND

GENERATION SULFONYLUREAS

Glimepiride

Glipizide

Glipizide ER

Glyburide

Glyburide micronized

ORAL HYPOGLYCEMICS-

THIAZOLIDINEDIONES

Actos[®]

Avandia[®]

GASTROINTESTINAL

HISTAMINE-2 RECEPTOR

ANTAGONISTS (H-2RA)

Ranitidine***

Famotidine

Zantac[®] Syrup

(No PA req. IF under age 12)

PROTON PUMP

INHIBITORS *

Prilosec[®] OTC

Protonix[®] *

Omeprazole

(No PA req. IF under age 12)

Prevacid[®]

(No PA req. IF under age 12)

Prevacid Susp[®]

(No PA req. IF under age 12)

Prevacid solutab[®]

(No PA req. IF under age 12)

GENTOURINARY

URINARY

ANTISPASMODICS

Detrol LA[®]

Ditropan XL[®]

Enablex[®]

Oxybutynin Tablet

Oxybutynin ER

Oxybutynin Syrup

Oxytrol Transdermal[®]

Sanctura[®]

VESIcare[®]

OPHTHALMIC

ANTIBIOTIC-

QUINOLONES

Ciprofloxacin drops

Ofloxacin drops

Quixin[®]

Vigamox[®]

Zymar[®]

ANTI-HISTAMINES

Alaway OTC[®]

Elestat[®]

Ketotifen Fumerate

Optivar[®]

Pataday[®]

Patanol[®]

Zaditor OTC[®]

ANTI-INFLAMMATORY

Acular[®]

Acular LS[®]

Flurbiprofen Sodium drops

Nevanac[®]

Voltaren drops[®]

Xibrom[®]

GLAUCOMA – ALPHA-2

ADRENERGICS

Alphagan P[®]

Brimonidine Tartrate

Iopidine[®]

GLAUCOMA BETA-

BLOCKERS

Betaxolol HCl

Betimol[®]

Betoptic S[®]

Carteolol HCl

Levobunolol HCl

Metipranolol

Timolol Maleate drops

Timolol Maleate Sol-Gel

GLAUCOMA – CARBONIC ANHYDRASE

INHIBITORS

Azopt[®]

Cosopt[®]

Trusopt[®]

GLAUCOMA – PROSTAGLANDIN

ANALOGS

Lumigan[®]

Travatan[®]

Travatan Z[®]

Xalatan[®]

MAST CELL STABILIZERS

Alamast[®]

Alocril[®]

Alomide[®]

Cromolyn

OSTEOPOROSIS

BISPHOSPHONATES

Actonel[®]

Fosamax Tablet[®]

Fosamax Solution[®]

Fosamax Plus D[®]

MISCELLANEOUS

ELECTROLYTE DEPLETERS

Fosrenol[®]

Phoslo[®]

Renagel[®]

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Phone: 1-800-932-6648

Fax: 1-800-932-6651

SEROTONIN RECEPTOR

AGONISTS (Triptans)

Imitrex Cartridge[®]

Imitrex Nasal[®]

Imitrex Pen Kit[®]

Imitrex Tablets[®]

Imitrex Vial[®]

Maxalt[®]

Maxalt-MLT[®]

NOTE: Fax requests receive a
response within 24 hours. For
urgent requests, please call.

Not all medications listed are
covered by all DMAS programs.
Check individual program coverage.
For program drug coverage
information, visit

www.dmas.virginia.gov or

<http://virginia.fhsc.com>.

TOPICAL

IMMUNOMODULATORS**

Elidel[®] **

Protopic[®] **



First Health Services Corporation®

A Coventry Health Care Company

Pharmacy Web PA

First Health Services has developed an innovative web-based prior authorization process that allows providers to not only request prior authorization, but also carry that request through to approval by answering a few simple questions.

The web-based process is HIPAA compliant and ANSI 278 content compliant. Our online registration system (User Administration Console) verifies a potential user's identity and eligibility to use the system.

Each time the user needs to request a prior authorization, he/she goes to the website, enters his/her login ID and password and starts the process. The process consists of these six easy steps:

Web Prior Authorization: 6 Easy Steps

1. Enter the patient / cardholder ID
2. Select a PA start date
3. Select drug
4. Select drug strength and form
5. Select diagnosis
6. Answer a few questions related to the drug selected

Clinical Decision Module (CDM)

Once the patient is identified and the drug strength and form chosen, the Clinical Decision Module takes over. The Clinical Decision Module (CDM) is the dynamic heart of the web-based prior authorization process. The CDM incorporates preferred and non-preferred drug lists with sophisticated questions based on the client's prior authorization criteria to allow automated processing of complex clinical prior authorization requests.

If the drug requiring prior authorization is part of a non-preferred list then the CDM first offers the user a list of alternatives that do not require authorization. If the user chooses to change the drug, they can indicate that decision and end the prior authorization process. If the user does not wish to use an alternative or the drug has no alternatives, then the CDM begins the next step in the process.

The CDM presents the user with a set of questions designed specifically for the drug requiring prior authorization. After answering the questions, the system informs the user of the decision and makes the necessary entries in the FIRSTrax Call Tracking and PA Management system.

If the decision is an approval, the correct override is put in place in the claims processing system and future claims process without interruption for the life of the authorization. If the request cannot be approved, the user is notified that the request requires review by First Health Services clinical staff and he/she will be contacted by fax or phone within 24 business hours of the decision.

The request is then forwarded to the traditional prior authorization processing system where it is placed in the queue for review by a member of the clinical staff. All information entered by the user in response to the questions asked by the CDM become part of the record forwarded for clinical staff review.

Tracking

The system also allows the provider to track his/her previous requests. The user can go online and check the status of a request referred to the clinical staff at anytime.

Advantages

The First Health Services web-based prior authorization system offers many advantages to providers and patients:

1. Providers are able to request prior authorizations 24 hours a day, 7 days a week at their convenience.
2. Providers are able to start a prior authorization, save it if interrupted, and then return to it later without losing any entered data.
3. Providers work at their convenience without waiting on hold or making multiple calls or sending and replying to multiple faxes.

Patients are better served due to the immediate nature of the approval process. In fact a provider can request a prior authorization and have an approval in hand before the patient ever leaves the office — thus, eliminating follow-up phone calls and trips to the pharmacy for the patient.

*Web-based prior authorization processing is a winning solution for all parties —
the patient, the provider, the insurer, and First Health Services.*

For more information on our programs or to partner with First Health Services to improve the management of your healthcare programs, call us toll-free at (800) 884-2822 or visit our web site at <http://www.fhsc.com>.



First Health Services Corporation®

A Coventry Health Care Company

User Administration Console

First Health Services has developed an innovative web-based registration and user management tool that allows providers to control and manage users' access to FHSC applications on their behalf. The User Administration Console (UAC) is an application that puts the control and maintenance of user access to FHSC applications in the hands of the organization (provider or state agency). Through a secure registration request and PIN registration process, a Delegated Administrator is established for each organization. A single administrator can manage user access for an unlimited number of organizations. This administrator has the ability to create additional users and assign provider-specific roles, where applicable, and also create secondary administrators (Local Administrators) to assist with managing the users for sizeable organizations.

Registration: 3 Easy Steps

1. Request a PIN.
2. Register with the PIN.
3. Activate account via email and add the appropriate roles.

After these three steps are completed, the Delegated Administrator may immediately log in to the appropriate FHSC application (ARS, FirstHCM, Web PA, etc.) or begin creating users and granting them the appropriate access.

Advantages of Web Registration

1. Registration requests can be made and user administration can be managed 24 hours a day, 365 days a year.
2. Since the PIN letter is mailed directly to the provider / organization, they maintain complete control over who has access to FHSC applications on their behalf.
3. The application is intuitive and fully documented with step-by-step instructions. Tooltips provide immediate assistance with navigational elements and a link is provided on each page that gives you screen-specific help.
4. The Web Support Call Center has access to a "super-user" administrator account that lets them view all details for all accounts to assist with trouble-shooting.

5. Administrators have the ability to modify details for individual users as well as time-saving global functions that allow them to apply mass changes to groups of users in regards to the organizations they have access to and the application roles they should be granted.

UAC is a secured website and all information exchanged through this website is secured. Once registered, administrators are required to log in with a secured ID and password. Administrators and users are associated with specific organizations. The administrator can manage users for multiple providers within a practice. Likewise, users can be administered by more than one administrator — users can be shared by administrators to provide a backup means of user administration in the event of an absence or vacancy. There are three ways the application may be used:

1. New users who do not have an ID can register to become Delegated Administrators for one or more organizations.
2. Existing users who do have an ID can upgrade their user ID to become a Delegated Administrator. This is useful when an organization expands and it becomes logical to have more than one Delegated Administrator or in the event of an extended absence of the existing Delegated Administrator.
3. Administrative access to the full UAC application where registered admins can create and manage users.





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User Administration Console

Access and Major Components

The User Administration Console is typically accessed through the FHSC state website ("state".fhsc.com) as User Administration. After registration is complete, the administrator will log in to the UAC application and be presented with the following menu tabs:

Home – This is the welcome screen for the application, giving the user general information about its use, and how to get help with any of the features. An Alerts window is also present, displaying current information related to the application. This might include notices about system downtime due to scheduled maintenance, upcoming upgrades, and new application roles being added.

Users – This tab displays all users currently managed by the administrator who is signed in. The administrator can make adjustments to an individual user's organization and role access, and create new users. If they are a Delegated Administrator (versus a Local), they can also acquire existing users from other administrators and assign users to other Local Administrators.

Organizations – This tab displays a list of all providers / organizations for which the administrator is currently registered to work. A Delegated Administrator may also request PINs and register for new organizations in this section. This tab is useful for making global updates to all users for a single organization. An example might be where the Delegated Administrator has recently registered for a new provider / organization for which they were not previously registered. Rather than add the organization to each user individually, they can add the organization to all users at once on this tab (or selectively add it to several users).

Roles – This tab allows the administrator to view and modify role assignments in a more global manner. This tab is also useful for making mass updates to all users for a single role. An example might be where a new application has been implemented and the administrator needs to assign access to that application to several or all users. Here again, rather than add the role to each user individually, they can add the role to all users at once on this tab (or selectively add it to several users).

The web-based application is HIPAA and NPI compliant and also meets W3C markup standards and Section 508 Priority 1 accessibility standards. Using industry standard methodologies for the registration request, the application provides a secure method for ensuring only those who should have access to FHSC applications are granted that access. Single Sign-On (SSO) is also a feature, allowing the user to register one time and gain access to different FHSC web-based applications without having to remember multiple login ids or passwords, or having to sign in to each application independently. The application is designed with advanced IT technologies to achieve the goals of portability, performance, scalability, robustness, and low maintenance.

Providers are better served due to the flexibility of the application and the ability to manage their own users' access to applications on their behalf.

*Web-based registration and user administration is the ideal solution
for all participants —
the providers, their administrative staff, and First Health Services.*

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